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BIBDATASHEET

CONFIRMATION NO. 50

Bib Data Sheet

SERIAL NUMBER 10/803,154	FILING DATE 03/17/2004 RULE	CLASS 066	GROUP ART UNIT 3765	ATTORNEY DOWNE NO. 1033-110.US
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** CONTINUING DATA *****

This application is a CIP of 10/775,826 02/10/2004
 which is a CIP of 10/204,009 10/10/2002 PAT 6,709,467 * *HW*
 (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

LATVIA P-00-21 02/16/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 05/31/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY LATVIA	SHEETS DRAWING 4	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

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TITLE

Vascular prosthesis

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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